

JPW

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/088,567		
	Filing Date	March 19, 2002	
	First Named Inventor	Shizuo AKIRA	
	Group Art Unit	1648	
	Examiner Name	Michelle S. Horning	
Total Number of Pages in This Submission	4	Attorney Docket Number	31671-178057

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement; Form PTO/SB/08A <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Copy of Response to Notification of Missing Requirements	<input type="checkbox"/> Corrected Recordation Cover <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ann S. Hobbs, Ph.D. Reg. No. 36,830	26694 PATENT TRADEMARK OFFICE
Signature		
Date	July 18, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:

Typed or printed name			
Signature		Date	

VENABLE
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.
#769220



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	- 0 -
--------------------------------	-------------	--------------

Complete if Known

Application Number	10/088,567
Filing Date	March 19, 2002
First Named Inventor	Shizuo AKIRA
Examiner Name	Michelle S. Horning
Art Unit	1648
Attorney Docket No.	31671-178057

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	<u>Small Entity</u>	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 20 = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

<u>Non-English Specification, \$130 fee (no small entity discount)</u>	
<u>Other (e.g., late filing surcharge):</u>	

SUBMITTED BY

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Date	July 18, 2006		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shizuo AKIRA *et al.*

Appln. No. 10/088,567

Confirmation No. 3078

Filed: March 19, 2002

For: RECEPTOR PROTEIN SPECIFICALLY
RECOGNIZING BACTERIAL DNA

Art Unit: 1648

Examiner: Michelle S. Horning

Atty. Docket No. 31671-178057

Customer No.
26694

PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MAIL STOP: AMENDMENTS

Sir:

In response to the restriction requirement issued June 26, 2006, please consider the following remarks.

It is believed that no fee is due; however, please charge any necessary fees or credit any refund to Deposit Account 22-0261.

Election and remarks begin on page 2.